

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	THA	70891	10/14
O.I.P.E. CLASSIFIER		21	10/19/00
FORMALITY REVIEW	H-S	32866	11-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/14/00
2	✓	✓	10/14/00
3	✓	✓	10/14/00
4	✓	✓	10/14/00
5	✓	✓	10/14/00
6	✓	✓	10/14/00
7	✓	✓	10/14/00
8	✓	✓	10/14/00
9	✓	✓	10/14/00
10	✓	✓	10/14/00
11	✓	✓	10/14/00
12	✓	✓	10/14/00
13	✓	✓	10/14/00
14	✓	✓	10/14/00
15	✓	✓	10/14/00
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If more than 150 claims or 10 actions  
staple additional sheet here